BEST AVAILABLE C

Applic										cation or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY			
FOR		NUMBE	NUMBER FILED N		NUMBER EXTRA		E	FEE	ű-	RATE	FEE		
BASIC FEE		10 10			4112			345.00	OR		690.00		
TOTAL CLAIMS		17	// minus 20= •			XS) =		OR	X\$18⇒			
IND	EPENDENT CL	AIMS	/ minus 3 = *			X39=			OR	X78=			
MU	TIPLE DEPEN		+130) <u> </u>		OR	+260=						
* If the difference in column 1 is less than zero, enter *0" in column 2							AL	25	OR	TOTAL			
•				<u> </u>		OTHER	THAN						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	ш	ENTITY	OR	SMALL			
MTA	B.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total	.19	Minus	-20		X\$ 8) = ·		OR	X\$18= :			
AMENDMENT	Independent	. /	Minus	3	۰	ж39	=		OR	X78=			
ك	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CLAIM		+130) <u>-</u>		OR	+260=			
							TAL		00	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)							FEE			ADVII. FEEI			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 19	Minus	20	=	X\$ f)=		OR	X\$18=	·		
ME	Independent	· /	Minus	 3	=	X39	—		OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+260=			
1/2	20/02	•	ADDIT.	TAL FEE	L	OR	TOTAL ADOIT, FEE						
Q	(Column 1) (Column 2) (Column 3)								_		•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 19	Minus .	.20	3 . /	X\$)= ·		ОЯ	X\$18=			
	Independent	• '/	Minus	<u>گ</u>	=/	X39)=		OR	X78=			
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 0=		1	+260=			
' If the entry in column 1 is less than the entry in column 2, write 'O' in column 3.)YAL		OR	TOTAL			
_	"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number is								OR	ADDIT. FEE	<u> </u>		
	ine Highest Nur	noer Previously Pa	10 FGF (10531 01	r ingependent) is th	a धारीचन्द्रस धारामान्त्र,	iouna in t	: H E	иновивае ос	a iii C	MATRIT 1.			

FORM PTO-875 (Rev. 12/99)

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE